

Draft V2
28 January 2016

APPENDIX 1

OUTLINE OF OSTEOPATHIC EDUCATION, WORK EXPERIENCE AND LIFELONG LEARNING (OR CPD)

Instructions for Completion

This form is for completion by applicants and referees. The form should provide details about the applicant’s professional education and training (i.e. their osteopathic qualification), their professional work experience (verified by another professional colleague, employer or organisation) and their lifelong learning or CPD (verified by another professional colleague, employer or organisation).

Please complete the form fully and ensure that relevant aspects are referenced in the Mapping Grid of the *Osteopathic Practice Standards* at Appendix 2.

About You

Name:

Address:

Email address:

Telephone number:

Name of current regulatory or professional body:

Name of current chief executive or registrar:

Address:

Email:

Telephone number:

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EU Rights

Language proficiency

Please refer to the *Osteopathic Practice Standards*. Every registrant must ensure that they can communicate effectively with patients, relatives and carers and other professionals.

Is English your first language? You should only indicate that English is your first language if it is the main or only language you use on a day to day basis.

- Yes
- No

If no, you must provide proof of your English Language proficiency before registration with us. Further information is provided on our website at: <http://www.osteopathy.org.uk/news-and-resources/document-library/about-the-gosc/english-language-test-requirements/>

Nationality

Please indicate which European State you are a citizen of. This must be confirmed by a copy of the relevant page of your passport or other evidence of citizenship.

Austria	Latvia
Belgium	Liechtenstein
Bulgaria	Lithuania
Croatia	Luxembourg
Cyprus	Malta
Czech Republic	The Netherlands
Denmark	Norway
Eire (Republic of Ireland)	Poland
Estonia	Portugal

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Finland	Romania
France	Slovakia
Germany	Slovenia
Greece	Spain
Hungary	Sweden
Iceland	Switzerland
Italy	United Kingdom

Professional Education and Training

Please provide details of your professional education and training (i.e. your osteopathic qualification). Please also attach your

Title of your relevant qualification:

Course start date:

Course end date:

Name of Educational Institution:

Street name:

Town / City:

County / State:

Please advise the details of the course administrator if possible:

Name:

Job Title:

Telephone Number:

Email:

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If you have gained a further professional qualification relevant to your regulation, please provide details:

Title of your relevant qualification:

.....

Course start date:

Course end date:

Name of Educational Institution:

Street name:

Town / City:

County / State:

(Please continue on a separate sheet of paper if necessary)

Please advise the details of the course administrator if possible:

Name:

Job Title:

Telephone Number:

Email:

Professional Career History (showing professional experience)

Please provide a summary of your career history. Please provide this in reverse chronological order with most recent post first.

Employer name / Business Name:

Your job title (in English): (e.g. Associate Osteopath in group practice, Principal Osteopath I sole practice, Principal Osteopath in group practice)

.....

Dates of work from to

Address:

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Town / City:

County / State:

Postcode / Zip code:

Country:

Contact name (of employer or colleague or other person who can verify this role):
.....

Job title of contact:

Work telephone number:

Work email:

Please indicate the regulatory authority or professional body responsible for the profession:

Name of Regulatory Authority or Professional Body:

Address:

Telephone number:

Email:

Website address:

Your registration number (or equivalent)

In the space below, please tell us about your main duties or responsibilities:

Note: You may find it helpful to outline:

- The profile of patients and caseload
- The types of presentations seen, for example, neuromusculoskeletal, visceral, case involving referral to another health professional, patient unsuitable for osteopathic treatments (e.g. contra-indications).
- Range of osteopathic techniques used, for example, diagnostic palpation, articulatory techniques, Osteopathic Thrust techniques, Soft tissue techniques.

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- Your approach in specific cases to taking a case history, examination, clinical reasoning, making a diagnosis, and treatment plan agreed with patient, treatment and any referral to provide the information necessary to show the assessor that you demonstrate the *Osteopathic Practice Standards*. Please note that any information provided about a specific patient case must be anonymised. Patients must not be identifiable in any way in accordance with Standard D6 of the *Osteopathic Practice Standards* - Respect your patients' rights to privacy and confidentiality.
- You may find it helpful to reference your cases so that the assessor can easily see which case you are referring to in the Osteopathic Practice Standards Mapping Grid at Appendix 2.

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Employer name / Business Name:

Your job title (in English):

Dates of work from to

Address:

Town / City:

County / State:

Postcode / Zip code:

Country:

Contact name (of employer or colleague or other person who can verify this role):

Job title of contact:

Work telephone number:

Work email:

Please indicate the regulatory authority or professional body responsible for the profession:

Name of Regulatory Authority or Professional Body:

Address:

Telephone number:

Email:

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Website address:

Your registration number (or equivalent)

In the space below, please tell us about your main duties or responsibilities:

Note: You may find it helpful to outline:

- The profile of patients and caseload
- The types of presentations seen, for example, neuromusculoskeletal, visceral, case involving referral to another health professional, patient unsuitable for osteopathic treatments (e.g. contra-indications).
- Range of osteopathic techniques used, for example, diagnostic palpation, articulatory techniques, Osteopathic Thrust techniques, Soft tissue techniques.
- Your approach in specific cases to taking a case history, examination, clinical reasoning, making a diagnosis, and treatment plan agreed with patient, treatment and any referral to provide the information necessary to show the assessor that you demonstrate the *Osteopathic Practice Standards*. Please note that any information provided about a specific patient case must be anonymised. Patients must not be identifiable in any way in accordance with Standard D6 of the *Osteopathic Practice Standards* - Respect your patients' rights to privacy and confidentiality.
- You may find it helpful to reference your cases so that the assessor can easily see which case you are referring to in the Osteopathic Practice Standards Mapping Grid at Appendix 2.

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Please complete on a separate sheet of paper if necessary.

Life long learning or Continuing professional development (CPD)

Please outline relevant continuing professional development or lifelong learning that you have undertaken as verified by regulatory or professional body or professional referee.

Name of course / learning event:

Date:

Location:

Please outline the learning outcomes and content (if a course) or outline of non-course related professional development activity:

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Name of Organisation (or professional lead) offering the learning event:

.....

Address:

Telephone Number

Email:

Please complete on a separate sheet of paper if necessary.

Please note that references will be required from each of the activities outlined and so you should ensure that all people listed as contacts on this form are prepared to provide a reference verifying that the activity has taken place and to send the completed reference form directly to us at: registration@osteopathy.org.uk.

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Applicant Declaration

I confirm that I have submitted all the information required to the General Osteopathic Council to my referees. I confirm that all the information submitted to the General Osteopathic Council and to my referees is true to the best of my knowledge and belief. I undertake to bring any errors to the attention of the General Osteopathic Council and to my referees as soon as they are discovered.

I understand that The General Osteopathic Council may make further enquiries in respect of applicants and referees, to verify or clarify information about me and my references. I understand that should any of the information you have supplied in the reference not be accurate or if you have made any false claims, you may be committing a crime.

I understand and agree that the General Osteopathic Council will process my personal data as disclosed in this reference for the purpose of administering my application to which it is attached. I understand that The General Osteopathic Council may contact me to ensure that the information submitted is accurate and may also disclose my personal data to third parties to check its accuracy. Should any inaccuracies be established, I understand that my personal data may be transferred to a third party for further investigation. I understand that should I transfer to another country, my reference and other relevant information may be passed to regulators in that third country.

I understand that signing this checklist below I am confirming that the information I have provided is accurate and that my personal data may be processed for the purposes specified above.

Date

Signed

Print Name